

Name
in
Full

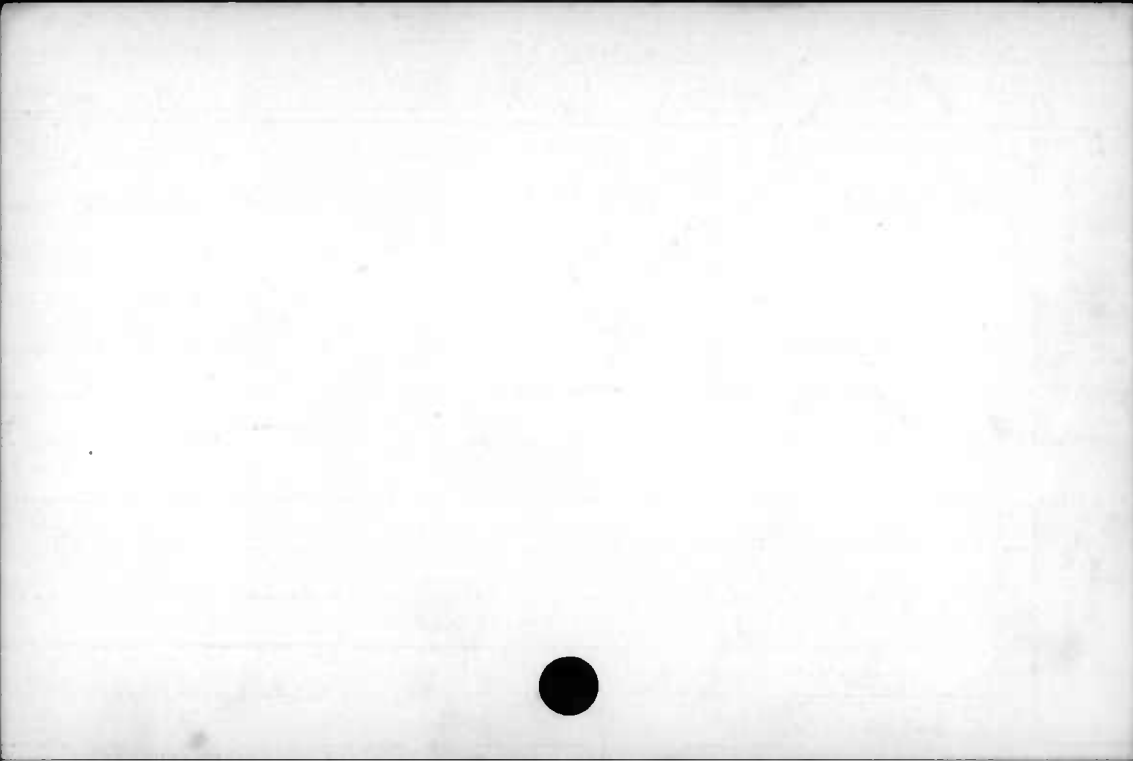
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annin Burgess</i>		Town <i>Carroll's Manor</i>		County <i>Howard</i>		MARYLAND	
Date of death 1903		Month <i>July</i>	Day <i>26</i>	Years <i>14</i>	Months	Days	
Sex <i>female</i>		Color or Race <i>colored</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>single</i>		Occupation <i>Servant</i>					
Name of Wife or Husband							
Father's Name <i>Austan Burgess</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Matha Burgess</i>				Mother's Birthplace			
Name of person giving information <i>Joseph Burgess</i>				How related to deceased <i>Brother</i>			
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>18 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Milton Easton undertaker</i>
	Address <i>Ellicott City</i>
Accident or Suicide? <i>i</i>	



Name
in
Full

Ann Chase

CERTIFICATE OF DEATH

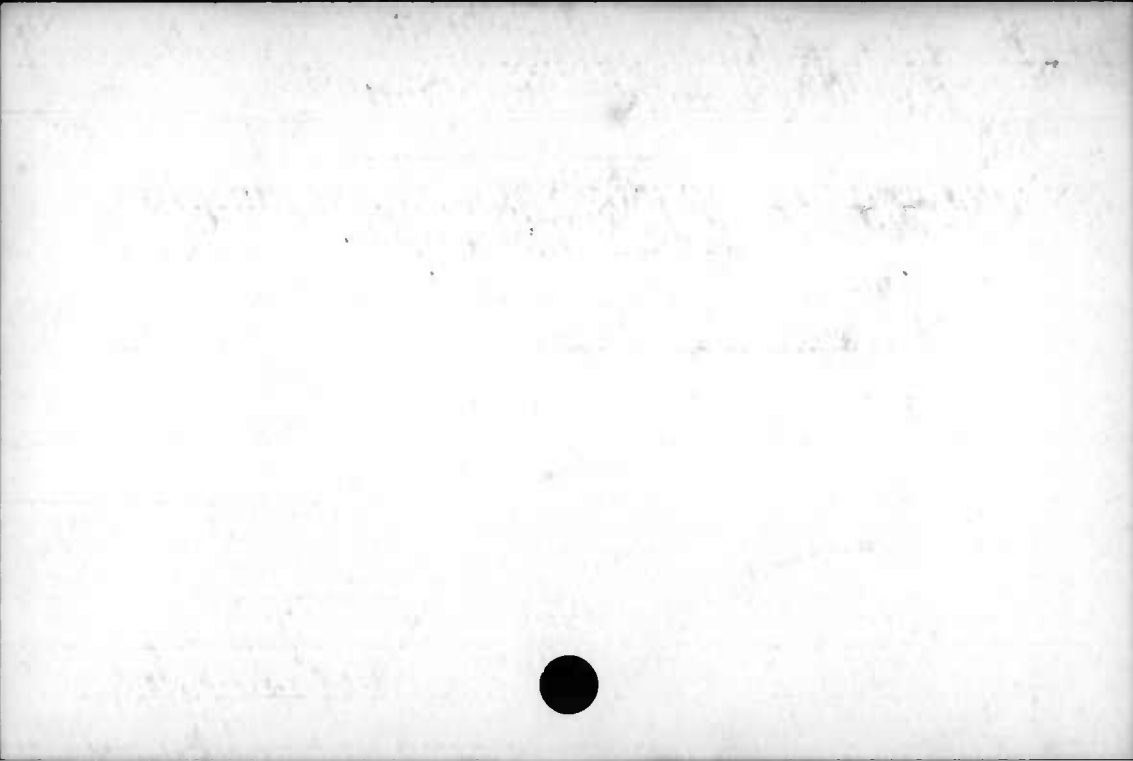
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carroll Manor</i>		Town <i>Howard</i>		County <i>Howard</i>		MAYLAND	
Date of death 1903	Month <i>July</i>	Day <i>19</i>	Years <i>85</i>	Age <i>85</i>	Months <i>4</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Servant</i>					
Name of Wife or Husband <i>Daniel</i>							
Father's Name <i>Daniel Burgess</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Suekey Burgess</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>M. Easton</i>		How related to deceased <i>Widow</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>6 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos B Orrings</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

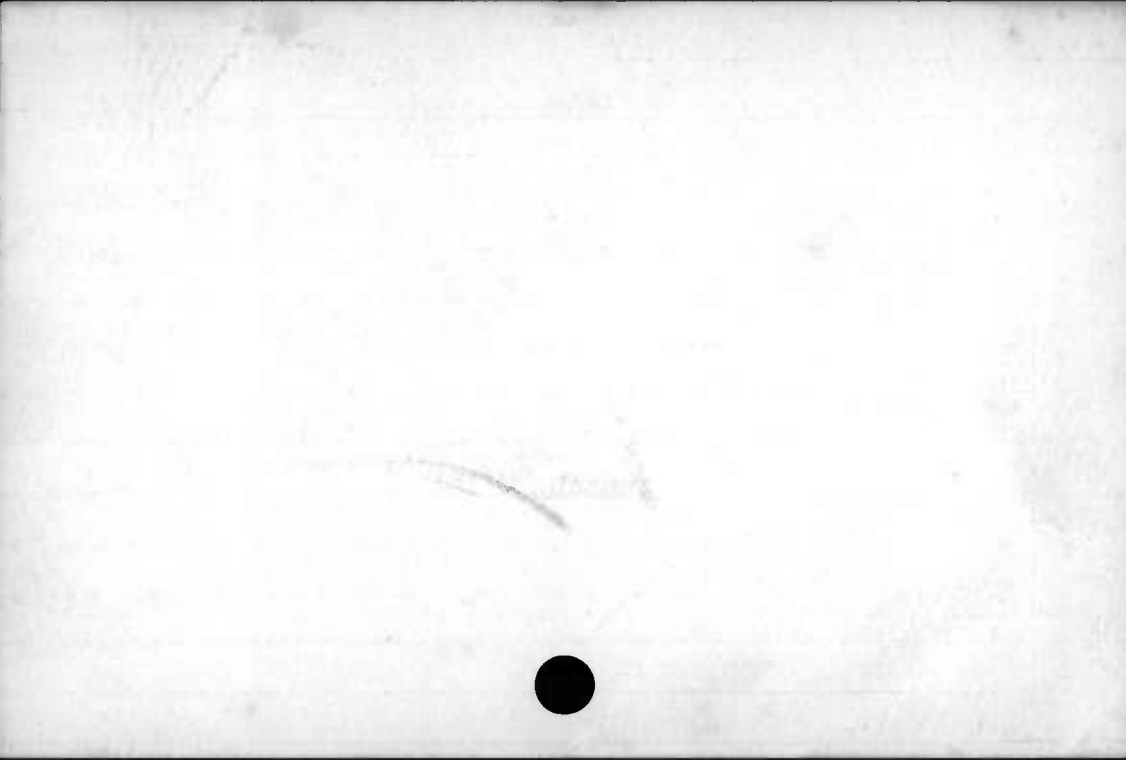
MARYLAND

Died at <i>Edwards</i> ^{Town} <i>Howard</i> ^{County}			
Date of death 190 <i>10</i> ^{Month} <i>7</i> ^{Day}	Age <i>29</i> ^{Years}	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>		
Name of Wife or Husband <i>James Corner</i>			
Father's Name <i>Thomas Page</i>		Father's Birthplace <i>Ind.</i>	
Mother's Maiden Name <i>-</i>		Mother's Birthplace <i>Ind.</i>	
Name of person giving information <i>Her Land</i>		How related to deceased <i>"</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 1/2 Months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. Tongue</i>
	Address <i>Edwards</i>
Accident or Suicide?	



Name
in
Full

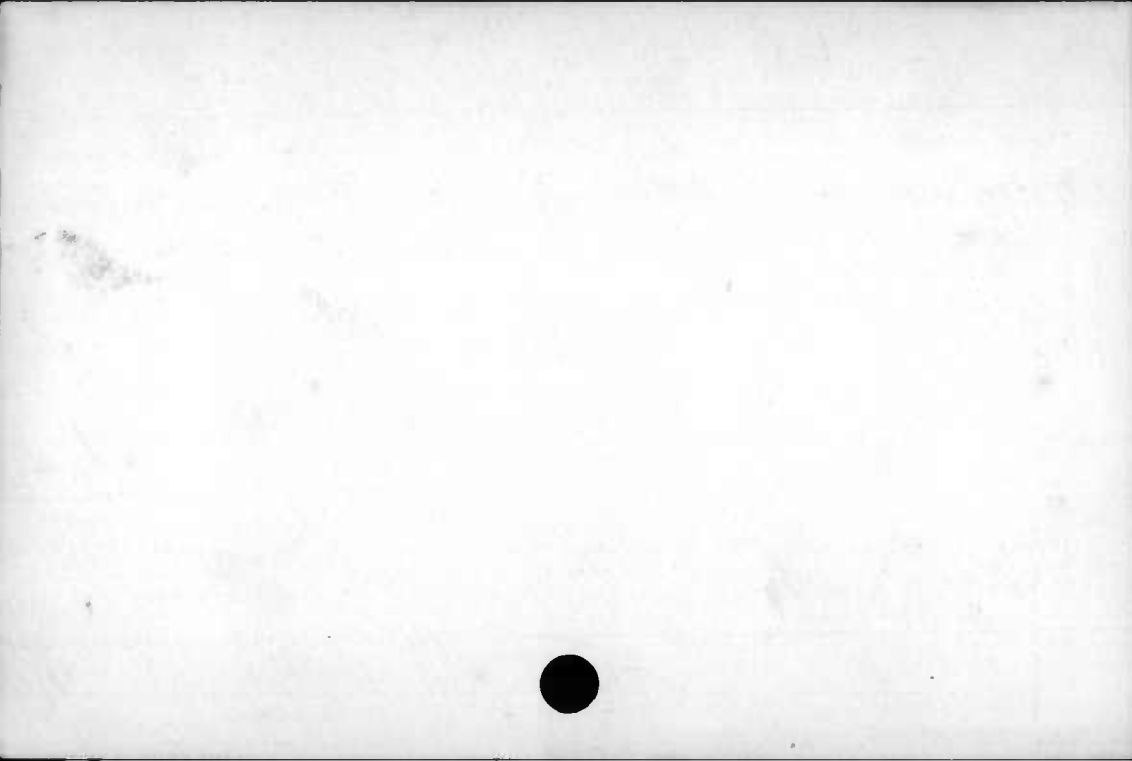
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland</i>		Town		<i>Howard</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>July</i>		Day <i>4</i>		Age <i>78</i>		Years <i>3</i> Months Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>					
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>							
Name of Wife or Husband <i>Fredrick Eyre</i>									
Father's Name <i>Carl</i>		Father's Birthplace <i>Md</i>							
Mother's Maiden Name <i>Martha Smallwood</i>		Mother's Birthplace <i>Md</i>							
Name of person giving information <i>Lawrence Eyre</i>		How related to deceased <i>Son</i>							

CAUSES OF DEATH

Primary <i>Cerebral Apoplexy</i>	How long <i>5 days</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. L. G. L. L.</i>
	Address <i>Highland</i>
Accident or Suicide?	



Name
in
Full

Savila A. Fuller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		State <i>MARYLAND</i>	
Date of death 190 <i>8</i>	Month <i>July</i>	Day <i>2</i>	Years <i>63</i>	Months	Days		
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place				
Married, Single or Widowed <i>Married</i>			Occupation <i>house wife</i>				
Name of Wife or Husband <i>Thos Fuller</i>							
Father's Name			<i>130</i>		Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information <i>Dr J. B Orrings</i>					How related to deceased <i>not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>uterine tumor</i>	How long <i>10 yrs</i>
Immediate <i>exhaustion</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos B Orrings</i>
	Address <i>Ellicott City</i>
Accident or Suicide? <i>---</i>	<i>many times</i>



Name in Full

Certificate of Death

LeRoy Gibson

Town

County

Died at

Laurel

Howard

MARYLAND

Date 1903 Month July Day 13 Y. 1 M. 7 D. Native of Md Occupation woman

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Ernest Gibson

Mother's

Name

Bernie Gibson

Cause of

Primary

Tubercular Meningitis

How long sick

3 months

Death

Immediate

Eclampsia

28

~~Accident Suicide Homicide~~

Reported by

W F Taylor M.D.

Address

Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1903



Name in Full

Certificate of Death

Liggin Green

Died at West. Frederick. Toward

MARYLAND

Date 1903	Month	Day	Y.	M.	D.	Native of	Occupation
7-10	7	10	Age	6	-	U. S.	
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
of
Wife

Father's Name	Mother's Maiden Name
Marshall Green	Alice Green

Cause of Death	Primary	How long sick
Marasmus	105	1.7 month
Immediate		Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Margaret A Green

CERTIFICATE OF DEATH

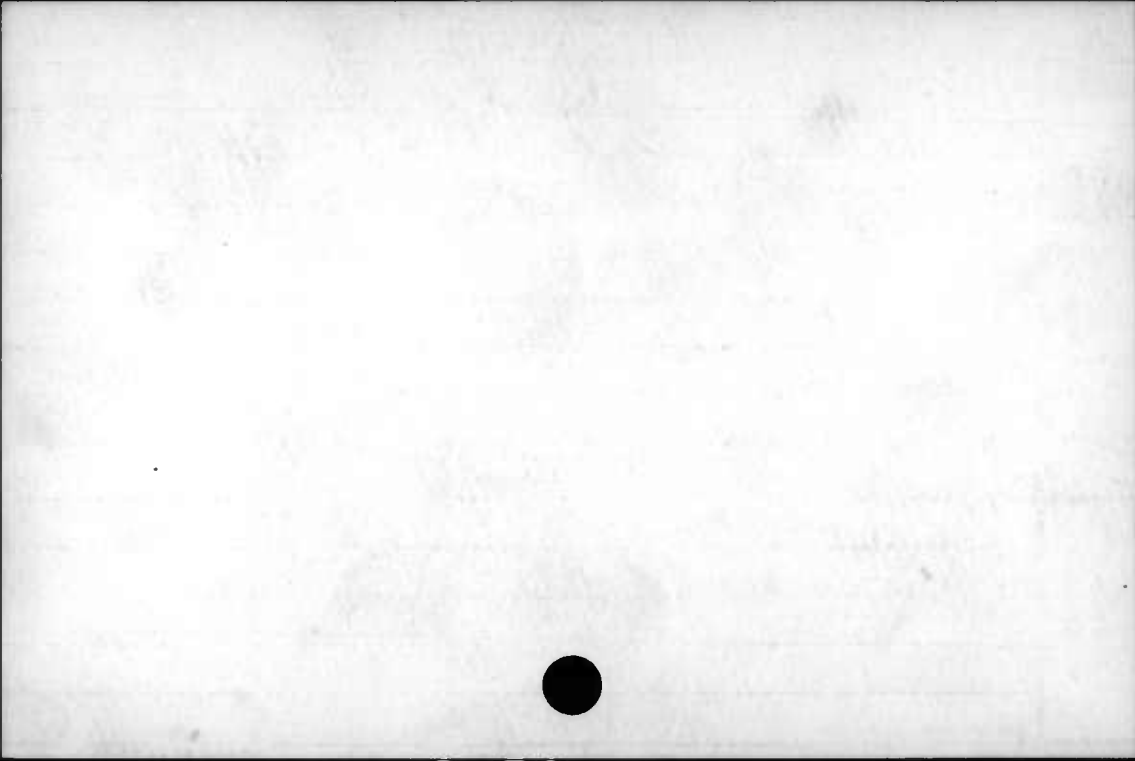
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death 190		3	Month <i>July</i>	Day <i>14</i>	Age <i>73</i>	Years	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>				Occupation <i>House duties</i>			
Name of Wife or Husband							
Father's Name <i>Oston Barnes</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>not known</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>George W. Green</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>5 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<i>John F. Mangum</i>	
Address		<i>Ellicott City Md</i>	
Accident or Suicide?			



Name
in
Full

Violet Green

CERTIFICATE OF DEATH

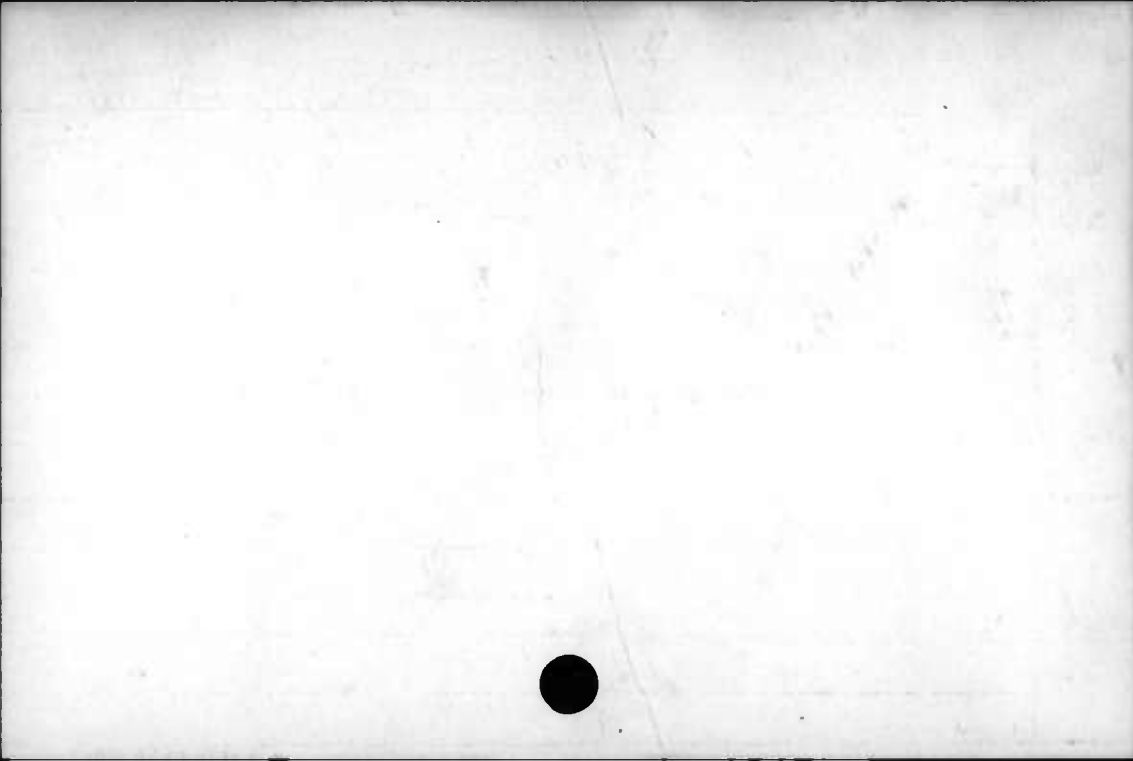
TO BE ANSWERED BY
NEAREST FRIEND

Died at			County			MARYLAND		
Town			Howard					
Date	Month	Day	Age	Years	Months	Days		
of death 1903	July	1	1	1	4	—		
Sex	Female		Color or Race	Colored		Birth-place	Md.	
Married, Single or Widowed			Occupation					
Name of Wife or Husband								
Father's Name			not known			Father's Birthplace		
						not known		
Mother's Maiden Name			Anna Green			Mother's Birthplace		
						Md.		
Name of person giving information			Anna Green			How related to deceased		
						mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Unknown	How long	2 weeks
Immediate	Unknown	How long	179
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		S. Hillinger & Son	
Address		Undertaker's	
		Ellicott City Md	
Accident or Suicide?			



Name
in
Full

— HALL

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Dayton

County

Howard

MARYLAND

Date

of death 1903

Month

July

Day

7

Years

Age

Mulatto

Months

Days

Sex

Color or
RaceBirth-
place

Md

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Robert Hall

Father's
Birthplace

Md

Mother's
Maiden NameLucy Price
J. A. NicholsMother's
Birthplace

Md

Name of person giving
InformationHow related
to deceased

None

CAUSES OF DEATH

Primary

Still Birth

How long

—

Immediate

How long

—

Are the name, age, sex, color, date
and place correctly given above?

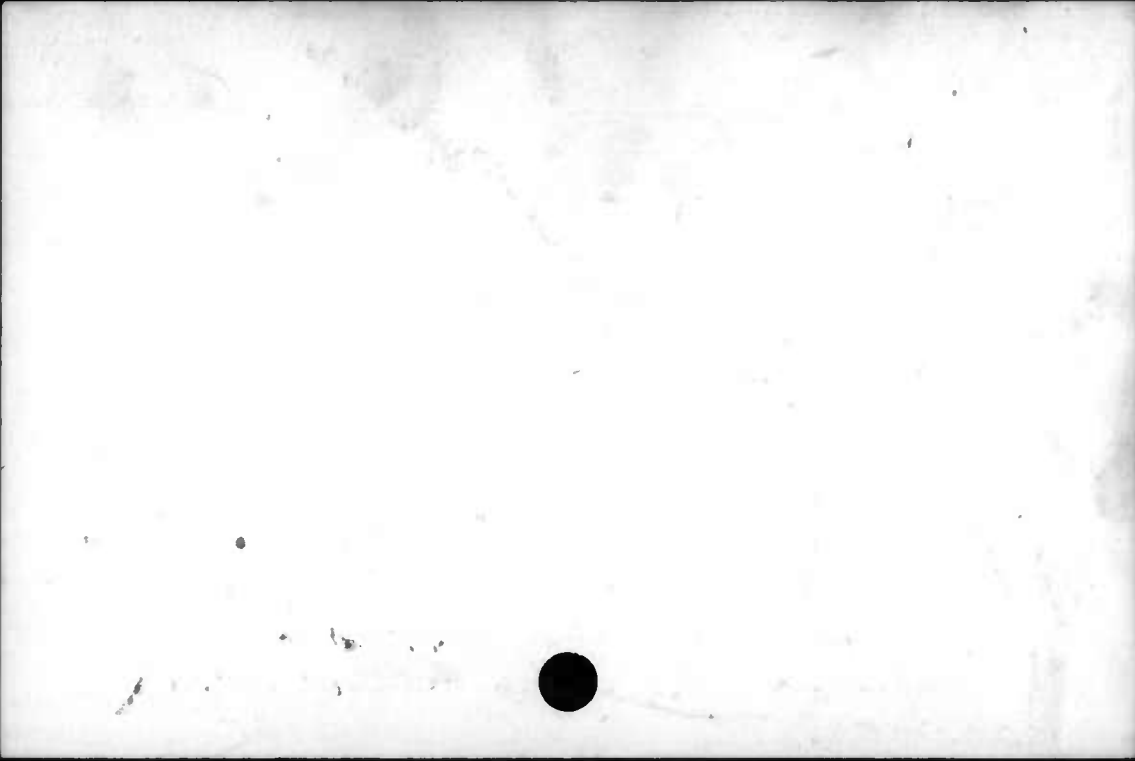
Yes

Signature of
Physician

Address

J. A. Nichols
Dayton MdPHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Ilchester

County

Howard

MARYLAND

Date

of death 1903

Month

July

Day

22

Years

Age 82

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Maryland

Married, Single
or Widowed

Occupation

House Keeper

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
information

daughter

How related
to deceased

CAUSES OF DEATH

Primary

Old age

How long

4 yrs -

Immediate

Bronchitis

How long

Some weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

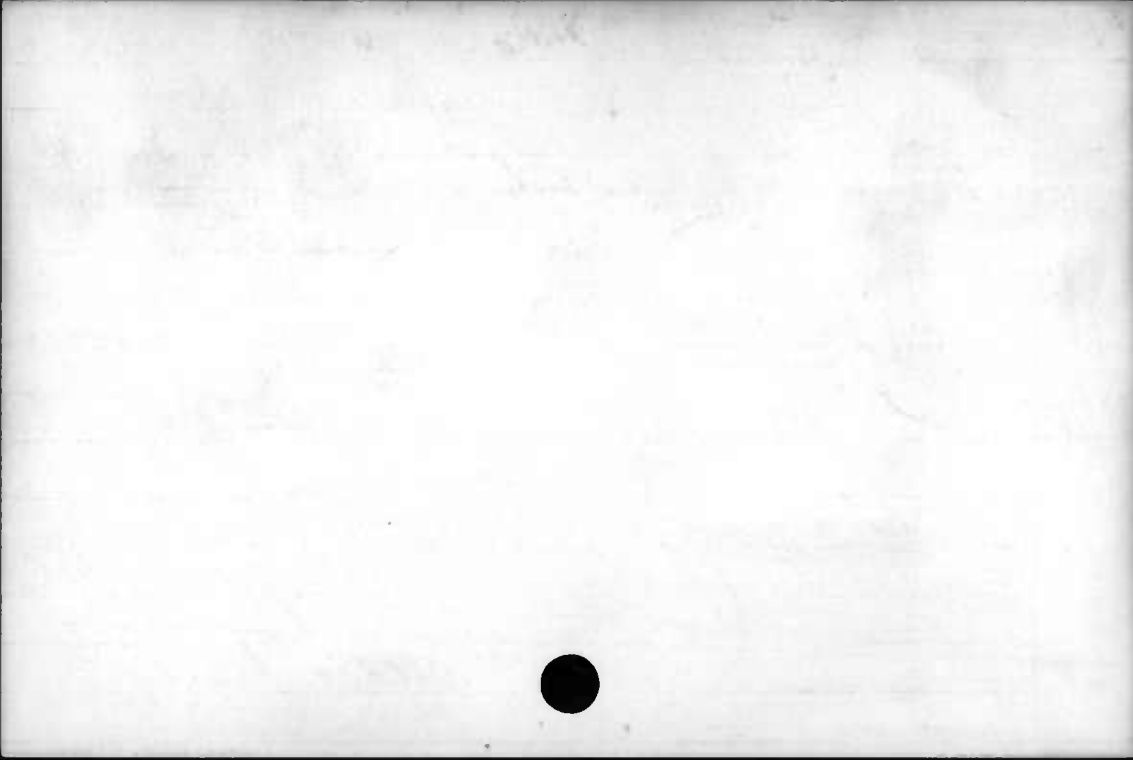
Signature of
PhysicianJ. B. Byme
Ellicott City

Address



Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Alberta Ireland

Died at ^{Town} Columbia^{County} Howard

MARYLAND

Date ¹⁹⁰³ ~~189~~ ^{Month} July ^{Day} 16 ^{Y.} 12 ^{M.} - ^{D.} - ^{Native of} Ind ^{Occupation} house girl

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
of

Wife

Father's

Name

John Fisher

Mother's

Name

Alberta Ireland

Cause of

Primary

Tuberculosis Pulmonalis

How long sick

6 months

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

L. G. Deering, Ind.
Ellicott City, Ind.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1898



Name in Full

Certificate of Death

Harrick, S. Lincoln

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 1st

Age

9

6

22

Ind

Male

~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

affred E. Lincoln

53

Leana M. Nelson

Cause of

Primary

Leukothemia & dropsy

How long sick

about 1 year

Death

Immediate

oedema of lungs

~~Accident, Suicide, Homicide~~

Reported by

Benj F. Shipley M.D.

Address

alpha

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name
in
Full

Darrell Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

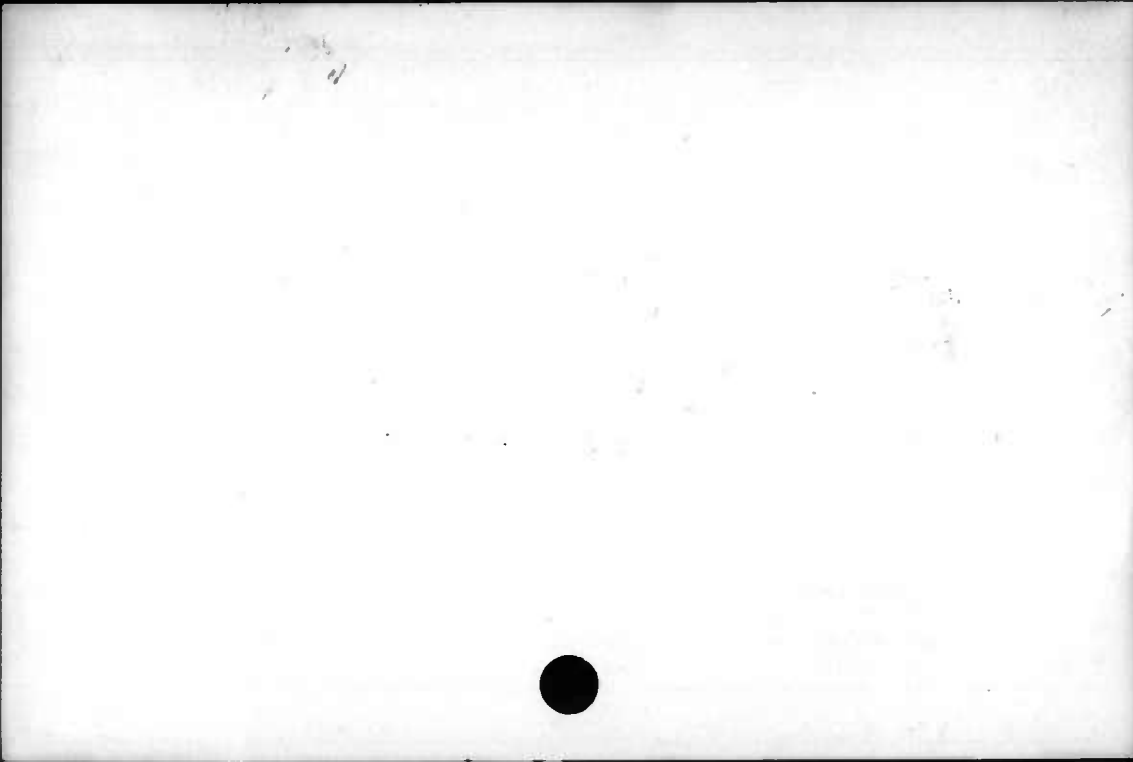
MARYLAND

Died at		Town Savage		County Howard	
Date	Month	Day	Age	Years	Months
of death 1903	July	22			2
Sex	Color or Race		Birth-place		Days
male	white		md		22
Married, Single or Widowed		Occupation			
Infant		Infant			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
I. H. Mitchell			va		
Mother's Maiden Name			Mother's Birthplace		
Ida B. Palmer			va		
Name of person giving information			How related to deceased		
Ida B. Mitchell			mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Indigestion	How long	since birth -
Immediate	Cholera Infantum	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. Lindstrom M.D.	
Address		Sub-Registrar	
Accident or Suicide?			
No			



Name In Full

Certificate of Death

Elizabeth A. Moorehouse

Died at Pine orchard

County Howard

MARYLAND

Date 1903 July 30

Age 72 6 17

Native of Md

Occupation None

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 5

Husband of

George Moorehouse

Wife

Father's Name Basil Mullineux

Mother's Name Sarah A. Edelen

Cause of

Primary Chronic Bronchitis

How long sick

about 3 yrs

Death

Immediate exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Benj F. Shepley, M D

Address

Alpha Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Learyville</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND
	Date of death 190 <u>3</u> <small>Month</small> <u>July</u> <small>Day</small> <u>26</u> <small>Years</small> <u>—</u> <small>Months</small> <u>—</u> <small>Days</small> <u>1</u>		Age <u>—</u>		
	Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Howard Co.</u>		
	Married, Single or Widowed <u>—</u>		Occupation <u>—</u>		
	Name of Wife or Husband <u>—</u>				
	Father's Name <u>Mr. R. Murphy</u>		Father's Birthplace <u>Howard Co.</u>		
Mother's Maiden Name <u>Ada Miles</u>		Mother's Birthplace <u>Howard Co.</u>			
Name of person giving information <u>J. T. Murphy</u>		How related to deceased <u>Brother</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Cardiac failure</u>		How long <u>1 day</u>		
	Immediate <u>—</u>		How long <u>—</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. P. Ryerly</u>		
			Address <u>Laurel, Md</u>		
Accident or Suicide? <u>—</u>					

found

Natie Lee Pitzinger

Town

County

Died at Elk Ridge Howard

MARYLAND

Date 1903 July 7 | Age - 2-15 | Native of Md. | Occupation _____

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

~~Number of children living~~Husband
of _____

Wife

Father's Name Chas. Pitzinger

Mother's Maiden Name Bessie Marshall

Cause of Primary Enterocolitis

How long sick

3 days

Death Immediate Cerebral Congestion, Convulsions

Accident, Suicide, Homicide

Reported by Wm R. Eareckson

Address Elk Ridge, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Muriel Hampton Ridgely

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lisbon</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>July</u>	Day <u>19</u>	Age <u>—</u>	Months <u>11</u>	Days <u>19</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Lisbon</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Winfield Ridgely</u>			Father's Birthplace <u>Howard Co Md</u>		
Mother's Maiden Name <u>Saddie Pool</u>			Mother's Birthplace <u>Howard Co Md</u>		
Name of person giving information <u>Self</u>			How related to deceased <u>same</u>		

CAUSES OF DEATH

Primary <u>Chorea Infans -</u>	How long <u>10 5</u>
Immediate <u>Carotid</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. O. D. Wafar's</u>
	Address <u>Lisbon Md.</u>
Accident or Suicide? <u>—</u>	

REPORT OF STATIONER

TO THE
HONORABLE
THE SECRETARY OF THE
NAVY
WASHINGTON, D. C.

FROM
THE
STATIONER
AT
THE
NAVY
YARD
WASHINGTON, D. C.

DATE
JANUARY 1, 1900

SUBJECT
RECEIPT FOR
THE
NAVY
YARD
WASHINGTON, D. C.

AMOUNT
\$100.00

PAID TO
THE
NAVY
YARD
WASHINGTON, D. C.

FOR
THE
NAVY
YARD
WASHINGTON, D. C.

BY
THE
NAVY
YARD
WASHINGTON, D. C.

IN
WITNESS WHEREOF
THE
NAVY
YARD
WASHINGTON, D. C.

ATTEST
THE
NAVY
YARD
WASHINGTON, D. C.

100

RECEIVED
JAN 1 1900
NAVY YARD
WASHINGTON, D. C.

Name
in
Full

CERTIFICATE OF DEATH

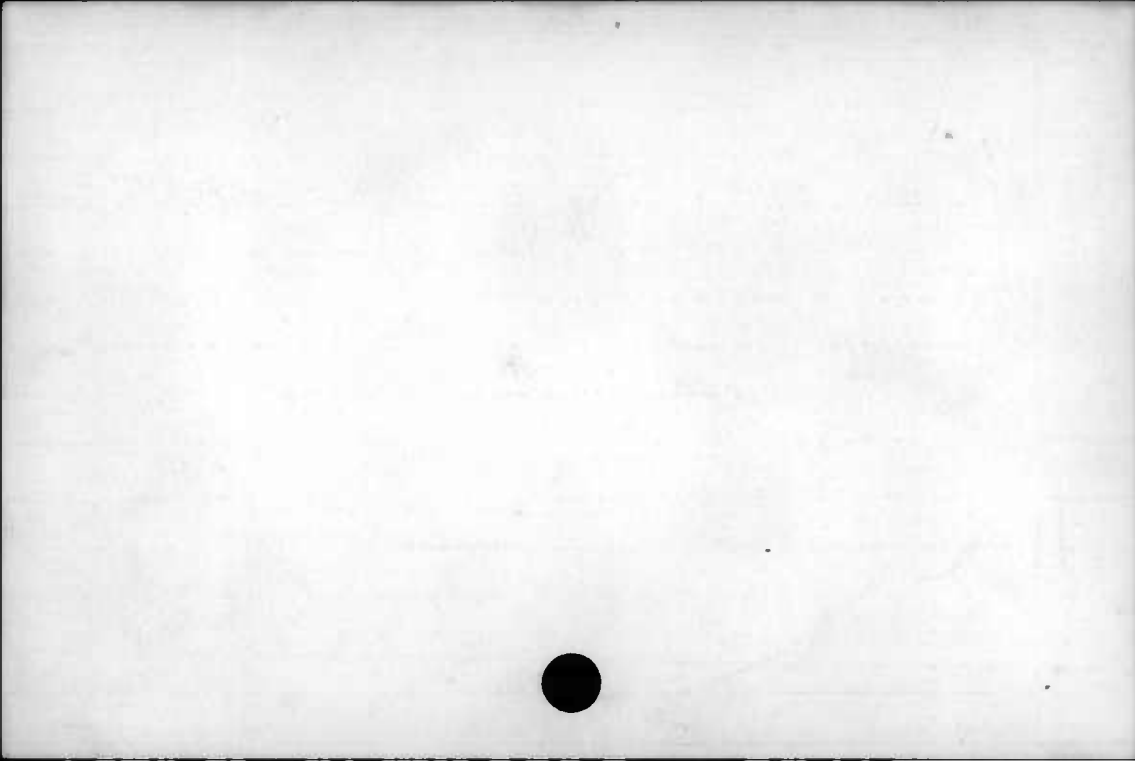
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Scappellato</i>		Town <i>Scappellato</i>		County <i>Howard</i>		MAYLAND	
Date of death 1903	Month <i>July</i>	Day <i>3</i>	Age <i>1</i>	Years	Months <i>4</i>	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>MD -</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>-</i>				
Name of Wife or Husband							
Father's Name <i>Clinton Scappellato</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Mary Sullivan</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Mrs Scappellato</i>				How related to deceased <i>Grand Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric Colitis</i>	How long <i>11 days -</i>
Immediate <i>Convulsions</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. B. Briel</i>
	Address <i>Highland MD -</i>
Accident or Suicide?	



George Edward Schillenger

Died at ^{Town} *Ulcott City* ^{County} *Howard* MARYLAND

Date 19*03* ^{Month} *July* ^{Day} *29* | Age ^{Y.} *15* ^{M.} *4* ^{D.} | Native of *MD* | Occupation *Printer & Journalist*

~~Male~~ ^{Female} | ~~White~~ ^{Colored} | ~~Married~~ ^{Single} | ~~Widow~~ ^{Widower} | ~~Divorced~~ ^{Number of children living}

Husband
of
Wife

Father's Name *George E Schillinger* Mother's Maiden Name *May Sherman*

Cause of Death { Primary *Typhoid Fever & Intestinal Hemorrhage* | How long sick *5 weeks*
Immediate *Pneumonia* | Accident, Suicide, Homicide

Reported by *William E. Hodges MD*

Address *Ulcott City MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

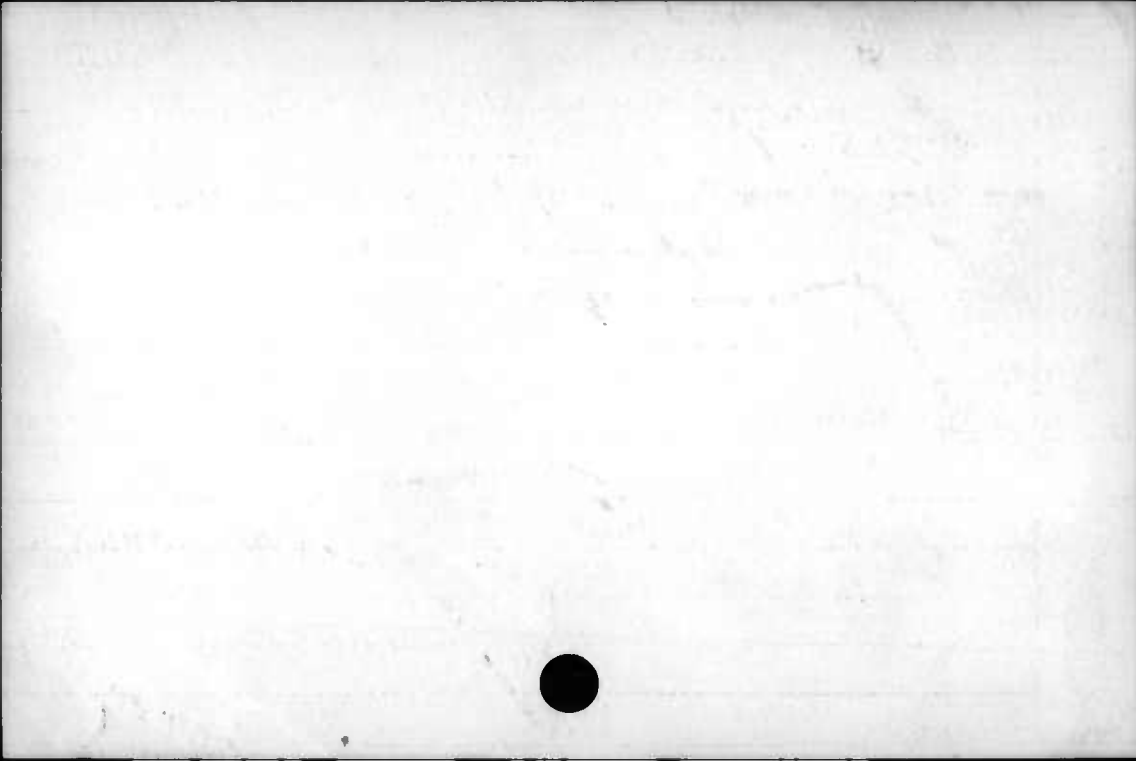
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Tomenske</i>		Town <i>Elk Ridge</i>		County <i>Howard</i>		MARYLAND	
Died <i>mon</i>		Date of death 190 <i>3</i>		Month <i>July</i>		Day <i>7</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Age <i>42</i>		Years <i>42</i>	
Married, Single or Widowed <i>Married.</i>		Occupation <i>Laborer</i>		Birth-place <i>Prussia</i>		Months <i></i>	
Name of Wife or Husband <i>Agnes Tomenske</i>		Father's Name <i></i>		Father's Birthplace <i></i>		Days <i></i>	
Mother's Maiden Name <i></i>		Mother's Birthplace <i></i>		How related to deceased <i>wife</i>		<i>wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tetanus</i>	How long <i>4 days</i>
Immediate <i>Tetanus</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>Elk Ridge Howard</i>
Accident or Suicide? <i>Tetanus result of firework accident</i>	<i>Maryland</i>



Name in Full


Certificate of Death

Mary Louisa Wade

Died at ^{Town} near Daily ^{County} Howard MARYLANDDate 1903 ^{Month} July ^{Day} 25 ^{Y.} ^{M.} ^{D.} ^{Age} 21 ^{Native of} ^{Occupation}~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ Single ~~Widower~~ Number of children livingHusband
of

Wife

Father's Name Roland Jones Mother's Name Mahala Jan Wade

Cause of Death { Primary ~~Acute Cold~~ or ~~Croup~~ How long sick one week
Immediate ~~Accident, Suicide, Homicide~~Reported by Caroline Hackett
Address Daisy M.  151

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lucy Hice</i>		Town <i>Dayton</i>		County <i>Howard</i>		MARYLAND	
Died at		Date of death <i>1903</i>		Age <i>15</i>		Months <i>—</i>	
Month <i>July</i>		Day <i>6</i>		Years <i>15</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Mulatto</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Servant</i>					
Name of Wife or Husband							
Father's Name <i>Jesse Hice</i>		<i>138</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>S. A. Nichols</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Purperal Eclampsia</i>		How long <i>6 hours</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. A. Nichols</i>	
		Address <i>Dayton Ind</i>	
Accident or Suicide?			

